

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1424
Registered No. 274

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Hosp. St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child George Thornburgh Sloan Jr. { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth June 8 - 1927
Month Day Year

8. FATHER
Full name George Thornburgh Sloan
9. Residence (Usual place of abode) Inspiration, Arizona.
If non-resident, give place and state.

10. Color or race Cauc. 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Littlerock, Ark.
(State or country)

13. Occupation Stenographer
Nature of industry Insp. Con. Copper Co.

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead _____
(c) Stillborn _____

14. MOTHER
Full maiden name Eva Morrison
15. Residence (Usual place of abode) Inspiration, Arizona.
If non-resident, give place and state.

16. Color or race Cauc. 17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Plea Ridge, Ark.
(State or country)

19. Occupation Housewife
Nature of industry

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 2:45 A. M. on the date above stated
(Born alive or stillborn)

Signature Cyril M. Cron M.D. Physician
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year 7 25 - 608 - 545
Registrar July 11, 1927 Le E. Dwyer Registrar